

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 107006	FILING DATE		
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1		1				51			
2	1	1				52			
3	2	1				53			
4	2	1				54			
5		1				55			
6	1	1				56			
7	1	1				57			
8	1	1				58			
9	1					59			
10	1	1				60			
11	1	1				61			
12	1	1				62			
13	1					63			
14	1	1				64			
15	1					65			
16	1	1				66			
17	1					67			
18		1				68			
19		1				69			
20		1				70			
21						71			
22						72			
23						73			
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40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.		1				TOTAL IND.			
TOTAL DEP.		19				TOTAL DEP.			
TOTAL CLAIMS		20				TOTAL CLAIMS			